

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes, 97139AC, 99213 and 97032.

II. FINDINGS & RATIONALE

No EOB: Neither party in the dispute submitted EOBs for some of the disputed services identified below. The requestor submitted convincing evidence that supports bills were submitted for audit. Since the insurance carrier did not raise the issue in their response that they had not had the opportunity to audit these bills and did not submit copies of the EOBs, the Medical Review Division will review these services per *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
5-20-02 6-27-02 7-8-02	97139AC (2)	\$96.00	\$0.00	No EOB	DOP	Medicine GR (I)(C)(1)(j)	MAR reimbursement of \$96.00 X 3 dates = \$288.00 is recommended.
5-20-02 6-27-02 7-8-02	97032 (3)	\$66.00	\$0.00	No EOB	\$22.00 / 15 min	CPT Code Descriptor	MAR reimbursement of \$66.00 X 3 dates = \$198.00 is recommended.
5-20-02 6-27-02 7-8-02	99213	\$48.00	\$0.00	No EOB	\$48.00	CPT Code Descriptor	MAR reimbursement of \$48.00 X 3 dates = \$144.00 is recommended.
5-30-02 6-3-02 8-1-02 8-5-02 8-12-02	97139AC (2)	\$96.00	\$0.00	F	DOP	Medicine GR (I)(C)(1)(j) and (I)(A)(10(a) CPT Code	Did not exceed the number of modalities per MFG, reimbursement of \$96.00 X 5 dates = \$480.00 is recommended.
5-30-02 6-3-02 8-1-02 8-5-02	97032 (3)	\$66.00	\$0.00	F	\$22.00 / 15 min	Descriptor	Did not exceed the number of modalities per MFG, reimbursement of \$66.00 X 4 dates = \$264.00 is recommended.
TOTAL							The requestor is entitled to reimbursement of \$1374.00 .

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (97139AC, 99213 and 97032) in the amount of **\$1374.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1374.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 22nd day of February 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division